

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10 / 530453	FILING DATE
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓				
TOTAL DEP.			←	16	←		↓
TOTAL CLAIMS		16	17				

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT	IND.	DEP.	AFTER 2nd AMENDMENT	IND.	DEP.
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TOTAL DEP.			←					
TOTAL CLAIMS			16					